

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41029

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5677</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Union Twp</u> TOWN		c. LENGTH OF STAY (In this place) <u>4</u> Years		c. CITY OR TOWN <u>Whiteside</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm (Cornfield)</u>				e. STREET ADDRESS (If rural, give location) <u>Farm Residence Union Twp.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ray</u>		b. (Middle) <u>Marion</u>		c. (Last) <u>Cain</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>4,</u>		(Year) <u>1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 29, 1907</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Valley Park, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Washington Cain</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Sieloff Cain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW2</u>		16. SOCIAL SECURITY NO. <u>492-03-3067</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mildred Cain, Box 20 rt 1 Whiteside Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck & other injuries</u> <u>Caught in Power Take-off on Mechanical corn picker.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>corn picker.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Cornfield</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lincoln Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov. 4, 1957; 30AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jacket was caught in powertake-off on Corn picker drawing him into it</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph J. Marsh</u>		(Degree or title) <u>CORONER</u>		23b. ADDRESS <u>351 Monroe St, Troy, Mo.</u>		23c. DATE SIGNED <u>11/4/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/6/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peters Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lucas-Hunt Rd St Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/30/57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Bros Funeral Home Overland</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 6 1957
DEC 4 1957

VS MAY 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~XXX~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.